

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

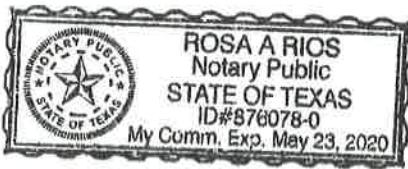
## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST John	MI R	OFFICE USE ONLY	
	NICKNAME	LAST Ryan	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; P.O. Box 97			CITY; Denton	STATE; TX ZIP CODE 76202
<input type="checkbox"/> Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 940 ) 206-7213			EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs	FIRST Bette	MI	Receipt #	Amount \$
	NICKNAME	LAST Sherman	SUFFIX	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 3411 Shadow Brook Court CITY; Denton STATE; TX ZIP CODE 76210				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 940 ) 380-0926			EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15		<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day 1	Year / 2019	Month / 2019	Day / 2019
11 ELECTION	ELECTION DATE Month 5 Day / 4 Year / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description			
12 OFFICE	OFFICE HELD (if any) Denton City Council, District 4			13 OFFICE SOUGHT (if known)	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

<b>14 C/OH NAME</b> John Ryan		<b>15 Filer ID (Ethics Commission Filers)</b>
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
	<input type="checkbox"/> Additional Pages	
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 165.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3915.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 187.05
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 1538.28
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2996.53
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4700.00
<b>18 AFFIDAVIT</b>		
		I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.
		Signature of Candidate or Officeholder
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>John Ryan</u> , this the <u>4<sup>th</sup></u> day of <u>April</u> , 20 <u>19</u> , to certify which, witness my hand and seal of office.		
		
Sig'nature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME	John Ryan	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3750.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$1351.23
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 3
2 FILER NAME John Ryan			3 Filer ID (Ethics Commission Filers)
4 Date 1/24/19	5 Full name of contributor Keith Wise 6 Contributor address; 4 Wellington Oaks Cir	<input type="checkbox"/> out-of-state PAC (ID#: City; State; Zip Code Denton, TX 76210	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 1/24/19	Full name of contributor Glenn Carlton Contributor address; 13217 Cash Mills Road	<input type="checkbox"/> out-of-state PAC (ID#: City; State; Zip Code Sanger TX 76266	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/24/19	Full name of contributor Mike Donnelly Contributor address; 302 East Carruth Lane	<input type="checkbox"/> out-of-state PAC (ID#: City; State; Zip Code Double Oak TX 75077	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/24/19	Full name of contributor Frank and Marta Dudowicz Contributor address; 3605 Falcon Court	<input type="checkbox"/> out-of-state PAC (ID#: City; State; Zip Code Denton, TX 76210	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 3
<b>2 FILER NAME</b> John Ryan			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 1/24/19	<b>5 Full name of contributor</b> Carl Anderson	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7 Amount of contribution (\$)</b> \$100.00
	<b>6 Contributor address;</b> 114 Mustang Trl      Shady Shores, TX 76208		
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 1/24/19	<b>Full name of contributor</b> Barbara and Benny Russell	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b> \$100.00
	<b>Contributor address;</b> 1324 Heather Lane      Denton      TX      76209		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 1/28/19	<b>Full name of contributor</b> Dena Meek	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b> \$300.00
	<b>Contributor address;</b> 560 Diamond Point      Oak Point TX 76068		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 2/4/19	<b>Full name of contributor</b> Jill and Forrest Beadle	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b> \$150.00
	<b>Contributor address;</b> 6 Royal Oak Cir      Denton TX      76210		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME John Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/19	5 Full name of contributor James and Linda McNatt 6 Contributor address; 1303 Woodlake Dr Corinth TX 76210	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/31/19	Full name of contributor Pat and Regina Courtney Contributor address; 3941 Fawn Dr Denton TX 76208	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/19	Full name of contributor Al McNatt Contributor address; 4401 N I-35 #107 Denton TX 76207	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/19	Full name of contributor Chris Fairleigh Contributor address; 158 Cardinal Cir Shady Shores TX 76208	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule F1:	2 FILER NAME 2 John Ryan	3 Filer ID (Ethics Commission Filers)	
4 Date 1/10/19	5 Payee name City Bank Card		
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code P.O. Box 78009 Phoenix AZ 85062		
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1/24/19	Payee name Total Wines & More		
Amount (\$) \$136.36	Payee address; City; State; Zip Code 1800 South Loop 288, Suite 370 Denton, TX 76205		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beverages	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1/29/19	Payee name Grass Routes		
Amount (\$) \$814.87	Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 1/24/19	5 Payee name North Texas Fair and Rodeo		
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 2217 N Carroll Blvd Denton TX 76201		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Space Rental	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2/19/19	Payee name CitiBank Credit Card		
Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 78009 Phoenix AZ 85062		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Credit Card Payment	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Credit Card Payment	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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